

APPLICATION FOR CRIME VICTIMS REPARATIONS

CRIME VICTIMS REPARATIONS BOARD

1885 Wooddale Boulevard, Room #1230

Baton Rouge, LA 70806

(225) 925-4437 or (888) 6-VICTIM (Nationwide Toll-Free) www.lcle.state.la.us/cvr

THIS BOX IS TO BE COMPLETED BY THE SHERIFF'S CLAIM INVESTIGATOR

Date Application Received _____ Parish Code _____ CVR# _____

In order for your application to be processed, you must complete all information on this application form. You have one year from the date of the crime to file this application. If you are filing later than one year, you must attach a letter of explanation. Please remember, the Crime Victims Reparations Board is NOT responsible for your bills.

You do not need an attorney to complete this form. If you need assistance, contact the Sheriff's claim investigator or Crime Victims Reparations office at the above-listed telephone numbers. If you choose to hire an attorney to assist you, those fees CANNOT be repaid to you by this program.

When completed, return this application to the Sheriff's office in the parish where the crime occurred. You will be notified by mail when your application reaches the Louisiana Crime Victims Reparations Board office.

VICTIM INFORMATION

☐

Primary

☐

Secondary

Name _____ Social Security # _____

Address _____ City _____

State _____ Zip Code _____

Date of Birth _____ Contact Phone #1 () _____ ☐ Unlisted

Contact Phone #2 () _____ Cell Phone () _____

Is victim deceased? _____ Yes _____ No Does victim have children/other dependents? _____ Yes _____ No

Did the victim miss work as a result of crime related injuries? _____ Yes _____ No

Answering questions about the victim's race/ethnic background is voluntary. It will remain confidential.

SEX

- ☐ MALE
☐ FEMALE

AGE of VICTIM
WHEN CRIME
OCCURRED

ETHNIC BACKGROUND:

- ☐ Black ☐ American Indian ☐ Asian
☐ White ☐ Hispanic ☐ Alaskan Native

Did victim have **disability BEFORE** the
date of the crime?

_____ Yes _____ No

CLAIMANT INFORMATION (Complete only if you are responsible for some/all expenses)

LIST ONLY ONE CLAIMANT PER APPLICATION!

Name _____ Social Security # _____

Address _____ City _____

State _____ Zip Code _____

Contact Phone #1 () _____ Relationship to Victim: _____

Contact Phone #2 () _____ Cell Phone () _____

CRIME INFORMATION**Please attach a newspaper article/clipping if available**

Type of Crime(s)

Date of Crime

Police Agency Crime reported/File Number

/ /

Location of Crime (Street, City, State, Parish)

Date Crime Reported:

Briefly Describe Crime and Injuries:

Name of Person(s) Who Committed Crime:

Relationship of Offender(s) to Victim:

Was restitution ordered? ☐ Yes ☐ No

If yes, amount ordered: \$ _____

If yes, amount paid to date: \$ _____

TYPES OF CLAIMS APPLYING FORLost Wages \$ _____ Loss of Support \$ _____ Medical \$ _____ Dental \$ _____ Funeral/Burial \$ _____
Mental Health \$ _____ Child Care \$ _____ Catastrophic \$ _____ Crime Scene Evidence \$ _____**INSURANCE COVERAGE**Are any bills covered by insurance? ☐ No ☐ Yes: _____ Life _____ Burial _____ Medical _____ Dental _____

Insurance Company Name _____

Policy # _____ Phone # _____

CIVIL ATTORNEY HIRED BY THE CLAIMANT (Do Not List the DA or the Prosecutor)

Attorney's Name _____ Phone () _____

Address: _____

AGREEMENTS AND AUTHORIZATION TO RELEASE INFORMATION

I authorize and request any person having information, confidential or otherwise, necessary to the administration of my application and claims, including all past and present law enforcement records concerning me, to release that information to the Crime Victims Reparations Board.

This release includes, but is not limited to: funeral homes, physicians, hospitals, medical or mental health service providers, law enforcement agencies, local, state, and federal governmental agencies; any employer; and private company or governmental agency which is providing, or may provide, medical or monetary benefits. I agree and certify that no person shall incur any legal liability to me by releasing any information pursuant to this authorization. A photocopy or exact reproduction of this signed release shall have the same force and effect as the original.

I agree that compensation may be paid directly to the service provider.

I promise to repay the Louisiana Crime Victims reparations Fund, through the Crime Victims Reparations Board, if I receive payments from the offender (restitution or civil action), insurance, or any other governmental or private agency resulting from this incident.

I agree to notify the Board and the Attorney general in writing when I file a civil action to recover damages after I receive an award from the Board.

I understand that willfully and knowingly providing false information could result in a fine or imprisonment.

I certify subject to penalty of law that all information submitted with this application is correct and true to the best of my knowledge and that losses to be claimed are a direct result of the crime.

CLAIMANT'S SIGNATURE: _____**DATE:** _____***THE PERSON LISTED AS THE CLAIMANT MUST SIGN THE FORM!***